

Response Under 37 CFR 1.116 Expedited Procedure Examining Group: 4793

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RESPONSE TO FINAL REJECTION

APPLICANT:

Heineck et al

GROUP ART UNIT: 2812

SERIAL NO.:

10/048,207

EXAMINER: C. Lattin

FILED:

January 28, 2002

CONFIRMATION NO.: 4793

INVENTION:

"METHOD FOR PRODUCING

INTEGRATED SEMICONDUCTOR

COMPONENTS"

Mail Stop AF

Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

SIR:

To respond to the **FINAL REJECTION** dated November 24, 2003, applicants request reconsideration and withdrawal of the rejection of claims 9-18 in view of the following remarks/arguments.

Since no amendments to the claims are being requested, a listing of the claims is not required under 37 CFR 1.21(c)

Remarks/Arguments begin on page 2 of this paper.

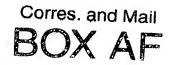
Response Under 37 CFR 1.116 **Expedited Procedure** Examining Group: 2812



PHONE (312) 258-5781

SCHIFF HARDIN LLP

PATENT DEPARTMENT 6600 SEARS TOWER 233 SOUTH WACKER DRIVE **CHICAGO, ILLINOIS 60606**



application of:

Heineck et al

Serial No.:

10/048,207

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EXAMINER: C. Lattin

For:

"METHOD FOR PRODUCING INTEGRATED

CONFIRMATION NO.: 4793

SEMICONDUCTOR COMPONENTS"

Mail Stop AF

RESPONSE TO FINAL REJECTION

Commissioner for Patents

PO Box 1450

Alexandria, Virginia 22313-1450

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITION FEE
TOTAL CLAIMS	* 10	MINUS	**20	x	() X 9.00 () X 18.00	
INDEP. CLAIMS	*1	MINUS	3	х	() X 42.00 () X 84.00	
	mended to contain lependent claims paid for.			(') YES .	()\$140.00 ()\$280.00 ONE TIME	
			TOTAL ADDITIONAL FOR THIS AMENDM			\$(

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space. Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated

for ____ months so that the period for response is extended to _____. A check in the amount of \$_____. attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ ____ is attached.

A check for \$ ____ accompanying IDS under 37 CFR 1.97(c) is attached

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Commissioner is hereby author	ized to charge any	additional fees which	may be required, or to cre	dit anv overnav
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I hereby certify that this corres	pondence is being	deposited with the Ur	nited States Postal Service	as First Class
Mail in an envelope addressed	o: Mail Stop AF.	Commissioner for Pate	ents, PO Box 1450, Alexan	dria Virginia
22313-1450 on February 23, 200)4.		, 1 0 20x 1 120, 1 110xu	dita, viigiiia
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SIGNATURE February 23,